



CITY OF SAN DIEGO California

OFFICE OF THE CITY TREASURER
BUSINESS TAX PROGRAM
PO BOX 122289
SAN DIEGO CA 92112-2289
(619) 615-1500 8:00 a.m.-5:00 p.m. M-F
www.sandiego.gov

Certificate/Account Number

Business Tax Application

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Husband & Wife Sole | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit Org. |

Business Name (DBA):

Business Owner Name (individual/partnership/corporate name):

Business Telephone and Address Information

☐ Do not publish our business information on the new business or active business listings.

☐ Home-Based Business?

(Residential Address Must be Listed as the Business Address)

Business Telephone Number:

()

Fax Telephone Number:

()

Business Address:

E-Mail Address (e.g. JohnDoe@company.com):

Suite:

Post Office Box Number:

Personal Mail Box (PMB):

City:

State:

Zip Code:

Country:

Mailing Telephone and Address Information

☐ Same as Business Address?

Mailing Telephone Number:

To The Attention of:

Mailing Address:

Mailing Suite:

Post Office Box Number:

Personal Mail Box (PMB):

City:

State:

Zip Code:

Country:

Business Activity

Business Start Date in San Diego for this Location: (MM/DD/YYYY)

Number of Employees:

Number of Units:

Federal Employer Identification Number (FEIN):

Seller's Permit Number (BEAN):

Do You or Will You Sell Cigarettes, Tobacco Products or Smoking Paraphernalia? ☐ Yes ☐ No

Business Activity Types:

- | | | | |
|-----------------------|--|--|------------------------------------|
| Agriculture (11) | Wholesale (42) | Real Estate/Rental/Leasing (53) | Health Care/Social Assistance (62) |
| Mining (21) | Retail (44-45) | Professional/Scientific/Technical (54) | Arts/Entertainment/Recreation (71) |
| Utilities (22) | Transportation and Warehousing (48-49) | Management Service (55) | Accommodation/Foodservices (72) |
| Construction (23) | Information Services (51) | Administrative and Support (56) | Other Services (81) |
| Manufacturing (31-33) | Finance and Insurance (52) | Educational Services (61) | Public Administration (92) |

DETAILED DESCRIPTION IS MANDATORY.

Describe Primary Business Activity in Detail:

Primary Activity Code:

Describe Additional Business Activity in Detail:

Secondary Activity Code:

Fire Questionnaire

1. Please indicate whether your business uses, stores, or handles any of the materials listed below:

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Compressed Gases | <input type="checkbox"/> Explosives or Blasting Agents | <input type="checkbox"/> Highly Toxic Materials | <input type="checkbox"/> Pyrophoric Materials | <input type="checkbox"/> Water-Reactive Materials |
| <input type="checkbox"/> Corrosive Materials | <input type="checkbox"/> Flammable or Combustible Liquids | <input type="checkbox"/> Organic Peroxides | <input type="checkbox"/> Radioactive Materials | <input type="checkbox"/> Other Health Hazards |
| <input type="checkbox"/> Cryogenic Fluids | <input type="checkbox"/> Flammable Solids | <input type="checkbox"/> Oxidizers | <input type="checkbox"/> Unstable (Reactive) Materials | |

2. Please indicate whether the below-listed equipment or processes are used in your business:

- | | | | | | |
|---|---|---|---|--|--|
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Combustible Metals | <input type="checkbox"/> Dust Producing | <input type="checkbox"/> Metal Plating | <input type="checkbox"/> Painting/Silk Screening | <input type="checkbox"/> Spray Painting |
| <input type="checkbox"/> Chemical Storage | <input type="checkbox"/> Dip Tanks | <input type="checkbox"/> Flow Coaters | <input type="checkbox"/> Industrial Ovens/Kilns | <input type="checkbox"/> Semiconductor Fabrication | <input type="checkbox"/> Welding/Cutting |

3. Please indicate whether there is a detection or fire extinguishing system within your facility:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Building Fire Protection
Sprinkler System | <input type="checkbox"/> Commercial Cooking Fire
Extinguishing System | <input type="checkbox"/> Dry Chemical Extinguishing System (Not a
Fire Extinguisher) | <input type="checkbox"/> Fire Alarms
(Not Smoke
Alarm) |
|---|--|---|--|

4. Please indicate if the following applies to your business:

- ☐ Any business where 50 or more persons may gather together in a building, room, or structure used for drinking, dining, education, entertainment, or worship.

- ☐ None of the above apply to this business and/or business address is not in City limits of San Diego.

Ownership Information (Individual/Partners/Corporate Officers)

First Name:	Middle Initial:	Last Name:	Suffix (Jr/Sr/III)
Social Security Number:		Title:	
Residence Telephone Number:		E-Mail Address (e.g. JohnDoe@company.com):	
Residence Address:			Suite Number:
City:	State:	Zip Code:	Country:
State License Number:		State License Type:	

First Name:	Middle Initial:	Last Name:	Suffix (Jr/Sr/III)
Social Security Number:		Title:	
Residence Telephone Number:		E-Mail Address (e.g. JohnDoe@company.com):	
Residence Address:			Suite Number:
City:	State:	Zip Code:	Country:
State License Number:		State License Type:	

First Name:	Middle Initial:	Last Name:	Suffix (Jr/Sr/III)
Social Security Number:		Title:	
Residence Telephone Number:		E-Mail Address (e.g. JohnDoe@company.com):	
Residence Address:			Suite Number:
City:	State:	Zip Code:	Country:
State License Number:		State License Type:	

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations. I further understand that any false statements made herein are grounds for denial or revocation of the business application.

FOR OFFICE USE ONLY

Amount Owed:
Amount Paid:
Balance Due:
Date Paid:
Payment Type: Cash - Check - Money Order
Credit Card - Debit Card
Processed By: _____

SIGNATURE

DATE